

County of Tulare 2015 Open Enrollment Employee Benefits Guide

September 25th - October 24th

Open Enrollment is Here Again.....

It is time again to review your benefits elections for the coming year. Tulare County's annual Open Enrollment begins on **September 25 and ends October 24, 2014**. Open Enrollment is your annual opportunity to change plans, add or drop eligible dependents from coverage, elect and re-elect a Flexible Spending Account or Health Savings Account.

This Open Enrollment booklet contains all of the information you need to make your health plan choices for 2015. Please take time to study the materials carefully and make sure you understand the plans available to you and how they differ from one another.

We are committed to providing you with the benefits that promote your health and well-being. If you have any questions regarding the information contained in this booklet contact Human Resources & Development Benefits Customer Service at 559-636-4911.

TCCA and TCDSA Open Enrollment Information

Please contact your benefits representative to obtain information on your 2015 Open Enrollment Schedule and your health benefits.

Tulare County Corrections Association (TCCA)

- Open Enrollment: **September 25 – October 24, 2014**
- Contact: Linda Clower, Buckman-Mitchell Insurance at 559-741-4435 or lindac@bminc.com

Tulare County Deputy Sheriff's Association (TCDSA)

- Open Enrollment: **September 25 – October 24, 2014**
- Contact: Brad Webb at 559-636-1199 or dsa_insurance@sbcglobal.net

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What changes in

2015?

What stays the same?

What changes in 2015?

- ☐ Premium increase of **1.17%** for Anthem Blue Cross PPO and HMO Plans
- ☐ Premium increase of **5%** for Kaiser Permanente HMO and **5%** for Low Plan
- ☐ Premium increase of **4.33%** for Dental HMO Plan
- ☐ 0% increase for Delta Dental PPO Plan
- ☐ New Wellness and Disease Management provider Viverae - effective January 1, 2015 (formerly Delta TeamCare)
- ☐ Health Savings Account – contribution amount increased to \$3,350 (employee only) and \$6,650 (family).
- ☐ New US Script Prescription Out-of-Pocket Max \$2,000 Individual and \$4,000 Family
- ☐ Out-of-Pocket Max now includes medical co-pays and deductible
- ☐ New - Anthem Blue Cross LiveHealth Online – 24/7 online doctor visits
- ☐ New voluntary pet insurance with VPI Pet Insurance

What Stays the Same?

- ☐ Anthem Blue Cross PPO (\$0, \$500, \$1000 & \$2500 Deductible Plans) and Anthem Blue Cross HMO coverage
- ☐ Kaiser Permanente HMO High and Low Plan coverage
- ☐ The option of two dental plans - Delta Dental PPO Plan and DeltaCare USA HMO Plan
- ☐ Vision Service Plan (VSP) as vision provider
- ☐ Standard Life remains our life insurance and long-term disability provider
- ☐ The Employee Assistance Program remains under Anthem Blue Cross EAP

What You Must Know?

- ☐ Participation is **NOT** required if no changes are being made with your health plan coverage.
- ☐ Participation **IS** required if you are:
 1. Enrolling or waiving health coverage;
 2. Changing health plans;
 3. Adding or removing a dependent (dependent eligibility documentation due **October 24, 2014**;
 4. Electing Flexible Spending Account (Medical or Dependent Care Reimbursement); or
 5. Electing a Health Savings Account.
- ☐ You must make your benefit elections by **October 24, 2014**.
- ☐ The benefits elections begin January 1, 2015 and will stay in effect until December 31, 2015. Changes during the year can only be made if you have a Qualified Life Event Change.
- ☐ 2015 Insurance premium deductions will begin on paycheck dated **December 9, 2014**.
- ☐ Reimbursement account 2015 deductions (FSA and HSA) and voluntary benefits will begin on paycheck dated **January 6, 2015**.
- ☐ All employees must complete a new **Life Insurance Beneficiary Form** by **December 31, 2014**.

September 25th - October 24th

Medical Plans - Anthem Blue Cross PPO & HMO



The County offers four PPO and one HMO medical plans through Anthem SJVIA. A Health Maintenance Organization (HMO), is a closed network plan with no out of network benefits. You are **required to select a Primary Care Physician**, or PCP, for yourself and each member of your family on the health plan. Unlike the Anthem PPO plans, where you do not need a referral to see a specialist, the HMO plan requires that all care be accessed through your PCP. You do not have to use the same PCP for each member. For instance, you may select a pediatrician for your children and a family physician for yourself, etc. Your PCP will be your contact for all your health needs and will refer you to specialists as needed or requested. Though this may represent less freedom than a PPO plan, the benefit level for the HMO plan is much higher, with no deductible and many services are offered without a co-pay.

The Anthem HMO network of doctors is very strong in the Central Valley. If you are interested in the HMO option with Anthem and would like to find a PCP or find out if your doctor accepts HMO patients, please visit the Anthem website at anthem.com/ca and follow the "Find a Doctor" link. You can also contact HR&D for assistance. If you do not choose a PCP at the time of enrollment you will have one automatically assigned to you. You can change your PCP through Anthem customer service or the website at any time, but will need to confirm the PCP you are selecting is accepting new HMO patients.

Covered Benefits:	PPO \$0 Deductible	PPO \$500 Deductible	PPO \$1000 Deductible	PPO \$2500 HDHP	HMO
	In-Network	In-Network	In-Network	In-Network	In-Network
DEDUCTIBLE					
Per Individual	\$0	\$500	\$1,000	\$2,500	\$0
Per Family	\$0	\$1,000	\$2,000	\$5,000	\$0
OUT OF POCKET MAX					
Per Individual	\$2,000	\$3,000	\$4,000	\$5,000	\$1,000
Per Family	\$4,000	\$6,000	\$8,000	\$10,000	\$2,000
PHYSICIAN SERVICES					
Office Visit Co-Pays	\$20	\$35	\$45	10%	\$15
HOSPITAL SERVICES					
Inpatient	10%	\$250/Admission +20%	\$1000/year+20%	10%	No Co-pay
PRESCRIPTION DRUGS (30-day supply)	US Script	US Script	US Script	Express Script	US Script
Generic	\$10	\$10	\$10	\$7	\$10
Brand	\$20	\$20	\$20	\$25	\$20
Non-Formulary	\$35	\$35	\$35		\$35

Office co-pays and deductibles are included in the out-of-pocket maximum.



Medical Plans - Kaiser Permanente HMO

Kaiser Permanente HMO offers a wide range of services and locations. Adult medicine, obstetrics/gynecology, and pediatric care, plus pharmacy and lab services...it doesn't stop with great medical care:

1. Health classes and personalized online programs.
2. Complete Care programs.
3. A secure electronic medical record instantly links our doctors to your health history.
4. Online features let you request routine appointments, order Rx refills, and e-mail your doctor's office - all from the convenience of your home computer.

Kaiser Permanente is available **only** to employees who live or work in the eligible zip code listing. Services must be received at a Kaiser Permanente facility.

Covered Benefits:	Kaiser Permanente Deductible HMO	Kaiser Permanente HMO
DEDUCTIBLE	In Network Only	In Network Only
Per Individual	\$1,000	\$0
Per Family	\$2,000	\$0
OUT –OF-POCKET MAX		
Per Individual	\$3,000	\$1,500
Per Family	\$6,000	\$3,000
PHYSICIAN SERVICES		
Office Visit Co-Pays	\$20 (\$0 Preventive)	\$25 (\$0 Preventive)
HOSPITAL SERVICES		
Inpatient	20%	\$250/Admission
Emergency Room	20%	\$100/Visit
Ambulance Services	\$150/Trip	\$50/Trip
PRESCRIPTION DRUGS		
Generic	\$10	\$10
Brand	\$30	\$20

Co-Pays and deductibles are included in the out-of-pocket max.

Partial Kaiser Eligible Zip Code Listing

City	Zip Code	City	Zip Code	City	Zip Code	City	Zip Code
Auberry	93602	Five Points	93624	Reedley	93654	Hanford	93232
Biola	93606	Fowler	93625	Riverdale	93656	Dinuba	93618
Burrel	93607	Helm	93627	San Joaquin	93660	Kingsburg	93631
Caruthers	93609	Kerman	93630	Sanger	93657	Orange Cove	93646
Clovis	93611	Laton	93242	Selma	93662	Sultana	93666
Clovis	93612	Parlier	93648	Squaw Valley	93675	Traver	93673
Clovis	93613	Piedra	93649	Tollhouse	93667	Contact Benefits at OEHealth@co.tulare.ca.us. for a complete listing of Zip Codes.	
Clovis	93619	Prather	93651	Tranquility	93668		
Del Rey	93616	Raisin City	93652	Hanford	93230		

Dental Plans – Delta Dental HMO and PPO



Dental HMO

DeltaCare® USA, a dental HMO plan through Delta Dental, you have the option of electing either Dental PPO or Dental HMO plan. DeltaCare USA operates much like a medical HMO plan. When you enroll you will be required to select a primary care dentist within the network, if you do not make an election one will be chosen for you. You must utilize your chosen provider for all your care to obtain coverage. You may change primary care dentists via phone or internet, but cannot access services from that provider prior to making the change with DeltaCare.

This plan offering is a lower cost option than the Delta Dental PPO, and the annual benefits have no maximum. Each covered service is offered at a co-pay which is clearly outlined in the summary of benefits. There are no claim forms; you only need to pay the specified copayment for covered services at the time of your visit.

At right is a sample list of the benefits under the Dental HMO plan. This is not a complete list, please refer to the Dental Summary of Benefits for more information.

HMO Dental Benefits		Co-pay
D0230	Intraoral - periapical each additional film	\$0
D1110	Prophylaxis - adult	\$0
D2392	Resin-based composite - two surfaces, posterior	\$30
D3330	Molar (excluding final restoration)	\$60
D4341	Periodontal scaling and root planning	\$0
D5214	Mandibular partial denture	\$95
D6750	Crown - porcelain fused to high noble metal	\$70
D7210	Surgical removal of erupted tooth	\$10
D9220	Deep sedation/general anesthesia - first 30 minutes	\$165
D9972	External Bleaching - 1 tray & gel for 2 weeks	\$125
D8080	Child Ortho	\$1,700
D8090	Adult Ortho	\$1,900

Dental PPO

Delta Dental PPO is a preferred provider plan that allows you to save on out-of-pocket expenses when you visit a Delta Dental PPO dentist. Delta Dental Premier dentist benefits remain exactly the same as 2014. Delta's website: www.deltadentalins.com

PPO Dental Benefits	
Deductible	
Individual	\$25
Family	\$25/member
Waived for Preventive	Yes
Annual Maximum	\$1,000
Preventive Services	100%
Basic Services	80%
Major Services	50%
Orthodontia	50%
Lifetime Max	\$1,500



Your Pharmacy Benefits

Anthem Blue Cross Members Only:

US Script is the County's Prescription Benefit Manager. With US Script, you can purchase prescription drugs at more than 65,000 US Script network pharmacies nationwide.

- Your prescription drug benefit and mail order service are subject to the same benefit levels contained in your current coverage. You may continue to receive prescriptions through major pharmacies including (but not limited to): Walgreens, CVS, Wal-Mart, Costco, Target and in-network independent pharmacies. To locate a pharmacy you can access our website at www.usscript.com or contact Customer Service at 1-800-460-8988.
- Retail 90 Network Pharmacies – This network includes such major chains as CVS, Wal-Mart, and Rite Aid. To begin taking advantage of US Script's Retail 90 pharmacy network, you will need to take your 90-day supply prescription and your new prescription benefit ID card to any participating location.
- Mail Order Prescriptions – If you are using a mail order program for any of your prescriptions, you will need to switch to US Script's mail order service, RxDirect. You can enroll on-line at www.rxdirect.com by completing the New Patient Application Form.

Co-pays	Retail (30 Day Supply)	Retail (84-90 Day Supply)	Mail (90 Day Supply)
Generic	\$10	\$20	\$20
Preferred Brand	\$20	\$40	\$40
Non-Preferred Brand	\$35	\$60	\$60
Specialty	30% with \$100 maximum		
Out-of-Pocket Maximum (New)	\$2,000 Individual/ \$4,000 Family		



Vision Benefits

Anthem Blue Cross Members Only:

WellVision Exam focuses on your eye health and overall wellness

- \$10 co-payevery 12 months

Prescription Glasses

- \$25 co-pay
- Lensesevery 12 months
- Frameevery 24 months
- \$130 allowance plus 20% off balance

OR

Contact Lens Care

- No co-payevery 12 months
- \$120 allowance for contacts and contact lens exam.

Primary EyeCare.....\$20 co-pay

For treatment and diagnosis of eye conditions like pink eye, loss of vision, and monitoring of cataracts, glaucoma and diabetic retinopathy.

Using your VSP benefit is easy.

- **Find the right eye care provider for you.** To find a VSP doctor, visit vsp.com or call **800-877-7195**.
- **Review your benefit information.** Visit vsp.com to review your plan coverage before your appointment.
- **At your appointment, tell them you have VSP.** There's no ID card required. They will handle the rest—there are no claim forms to complete when you see a VSP doctor.

If you select a Kaiser Permanente HMO Plan, Eye Exams are covered in full for both plans. The Kaiser HMO Traditional Plan (High Plan) also provides a \$150 allowance every 24 months for optical hardware. The Kaiser HMO Deductible Plan (Low Plan) has no optical allowance.

For more information on the Kaiser vision benefits, contact Kaiser Optical Sales at 559-448-4145.





Group Term Life Insurance

The County provides all benefit eligible employees with Basic Life Insurance and Accidental Death and Dismemberment coverage – the policy will pay double the policy's value in the event that the insured dies as a result of an accident.

The plan includes MedEx Travel Assistance Plan which provides benefits when traveling 100 miles or more from home, such as locating medical care, evacuation/repatriation, emergency credit card, ticket or passport replacement, and missing baggage assistance.

This plan also provides a living benefit option if you are diagnosed with a terminal illness expected to result in your death. You also have the option to convert your coverage to an individual policy if you leave the County.

Group Term Life Insurance & Accidental Death & Dismemberment	
Class 1: Executive Management	2x Annual Salary \$250,000 Max
Class 2: Management (Assistant Department Heads)	\$50,000
Class 3: All Other Members	\$10,000



Long Term Disability (LTD)

LTD insurance helps replace a portion of your income if you're sick or injured and unable to work due to an injury or illness. The plan replaces up to 60% of your covered monthly earnings to a maximum monthly benefit of \$5,000 provided at no cost to you by the County. LTD benefits begin after you have been totally disabled for 60 days. This 60 day period is known as the elimination period.

To be eligible employees must be in one of the following Bargaining Units: 7, 9, 10, 11, 14, 15, 16, 19, 20, 21, 22, 50

Long Term Disability (LTD)	
Benefit Percentage of Salary	60%
Monthly Maximum Benefit	\$5,000
Elimination Period	60 days



Are Your Beneficiaries Up-to-Date?

Your beneficiary is the person to whom benefits are payable in the event of your death. It is important to name your beneficiaries to ensure that any benefits payable upon your passing are left to the survivors you intend. You may name one or more beneficiary and specify the percentage that each beneficiary is to receive.

Mandatory Participation: All employees must complete a new Life Insurance Beneficiary Form by **December 31, 2014**. To request a Beneficiary Change Form, contact Benefits Customer Service at OEHealth@co.tulare.ca.us.



Deferred Compensation

A governmental 457(b) Deferred Compensation Plan (457 Plan) is a retirement savings plan that allows eligible employees to supplement any existing retirement and pension benefits by saving and investing before – tax dollars through a voluntary salary contribution. Contribution and any earnings on contributions are tax-deferred until money is withdrawn. Distributions are subject to ordinary income tax.

The ROTH option provides the flexibility to designate your 457(b) elective deferrals as ROTH contributions. All ROTH contributions are made with after-tax dollars.

To receive more information, contact Stephanie Henry, Great West Account Executive, at 559-967-2280 or email her at stephanie.henry@gwrs.com. You may also visit the Web site at www.gwrs.com or call toll-free at 1-800-701-8255.



Health Savings Account

If you enroll in the County's \$2500 Deductible PPO (HDHP) plan you are eligible to open a Health Savings Account (HSA). Your participation in the HDHP gives you the opportunity to take advantage of this tax-sheltered arrangement to pay the cost of your routine medical expenses or to build a fund for future expenses and retirement. Under an HDHP all benefits, both medical and Rx, are subject to the deductible and you are responsible for all charges until this has been satisfied. However, you can pay these expenses with funds from your HSA account, creating a tax savings for you. Funds may be contributed to your account via pre-tax payroll deduction or directly by you with after tax dollars which can be deducted from your income when you file your tax returns. The funds in your HSA build year over year and you may use these funds to pay for any allowable expenses according to IRS guidelines, including dental and vision as well.

In 2015, the contribution amount will increase to \$3,350 for employee only and \$6,650 for family. Please consider your options carefully, as your healthcare needs may change from year to year. If you are interested in this option, please contact Benefits Customer service for more information.



Flexible Spending Accounts

A Flexible Spending Account (FSA) allows you to reimburse yourself (with your own money) for eligible Health Care and/or Dependent Care expenses - tax free. By participating in these accounts, you do not pay Federal, State, or city taxes on the money you contribute. Participation is voluntary and employees must sign up during open enrollment.

Health Care Flexible Spending Account (HC FSA) – used to reimburse you for out-of-pocket health care expenses, including prescription medications for you and your eligible dependents. A full list of eligible and ineligible expenses are available at <http://www.irs.gov/pub/irs-pdf/p502.pdf>. Reimbursement for over-the-counter (OTC) medications (except insulin) are not permitted under FSA's unless the individual obtains a prescription for the drug or medicine. The maximum amount you may elect for 2015 is \$2,500.

Dependent Care Flexible Spending Account (DC-FSA) – used to reimburse you for out-of-pocket expenses for dependent care expenses, whether for a child or an elder. This includes expenses for someone else to care for your dependent (under the age of 13 for dependent children) so you may work. The maximum amount you may elect for 2015 is \$5,000.

Any unused funds at the end of the year will be forfeited per Internal Revenue Service (IRS) guidelines. The IRS requires that these unused dollars be forfeited as a condition of offering spending accounts.

FSA accounts do not carryover to the following year, therefore, you must make a new election before open enrollment closes.





Employee Assistance Program

Anthem Employee Assistance Program (EAP) is a confidential service available to all regular and probationary employees and household members – at no cost to you. Trained professionals can easily refer you to the following resources:

Face-to-Face Counseling – You and your household members are eligible for up to 6 visits for each personal situation.

Crisis Consultation – 24/7 telephone access and crisis consultation are available if you have an emergency.

Legal Assistance – You have access to legal consultations up to 30 minutes face-to-face or telephonically at no charge.

Financial Assistance – Financial professionals provide free telephonic consultation on the financial topics that are important to you.

ID Recovery – Specialists are available 24/7 to assess your risk level and then identify steps to resolve potential identity theft.

Dependent Care and Daily Living Resources – You and your household members can get information on child care, adoption, summer camps, college placement relocation and more, visit (www.AnthemEAP.com)

Tobacco Cessation (Online and Coaching)

- **Online Program:** LivingFree™ is a free 10 session, online training program which will help you learn how to break the tobacco habit.
- **Telephonic Coaching:** Tobacco cessation coaching is a free service provided via telephone or through instant messaging.

Call toll-free at 1-800-999-7222. You can also visit www.AnthemEAP.com. Log in: County of Tulare.



HUMAN RESOURCES
& DEVELOPMENT
TULARE COUNTY

Wellness Program

The County promotes activities, education and special outreach efforts regarding wellness and disease management as part of a focus through the San Joaquin Valley Insurance Authority (SJVIA). Beginning in January 2015, the SJVIA will contract with Viverae to assist the County of Tulare and current SJVIA members in efforts to engage employees enrolled in the SJVIA health plans.

Employees can learn ways to develop and incorporate healthy choices into their lifestyle through education and activity, resulting in healthier employees, improved morale, reduced absenteeism, and healthcare savings. There are various activities throughout the year that employees are encouraged to participate in such as:

- Onsite Mammography Screenings
- Biometric Testing
- Walking Challenge
- Weight Loss Programs
- Cooking Demonstrations
- Personal Health Coaching
- Webinars



Please visit Human Resources & Development's website at www.tularecounty.ca.gov/hrd for more information and a schedule of events.

HIPAA Privacy Notice

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires the County of Tulare to notify you that a privacy notice is available by request from Human Resources & Development (HR&D). Please contact HR&D at 559-636-4911 or OEHealth@co.tulare.ca.us.



LiveHealth Online Doctors by your side 24/7

LiveHealth Online is easier and faster than a visit to urgent care



Now you and your family can see a doctor when it fits **your** schedule. No need for an appointment and no long wait at the urgent care center. All you need is the LiveHealth Online app or a computer with a webcam. You can see a doctor from your home or office. Best of all, LiveHealth Online is part of your health plan benefits. So using LiveHealth Online may cost as little as a regular office visit or at most \$49.

Sign up now to get:

- Immediate, 24/7 access to doctors.
- Secure and private video chats with Board-certified doctors.
- Help with colds, the flu, allergies, fevers and more.
- Prescriptions sent to your pharmacy, if needed.

▪ **Co-pays are:**

**\$20 for PPO \$0 Deductible Plan
\$35 for PPO \$500 Deductible Plan,
\$45 for PPO \$1000 Deductible Plan, and
\$49 for HMO and PPO \$2500 Deductible Plan**

Don't wait until you're sick — sign up today!

**Get started with LiveHealth Online today.
Download the app:**



Sign up at LiveHealthOnline.com



Veterinary Pet Insurance

We are pleased to announce the addition of Veterinary Pet Insurance to the list of voluntary benefits package. VPI provides healthcare coverage for your dog, cat, bird, hamster or other exotic pet.

Eligible discounts

As a County of Tulare employee, you'll receive a 5% discount on your base medical coverage premium. Plus, owners of multiple pets are entitled to receive additional discounts!

Peace of mind

With coverage from VPI, your pets are protected if they get injured or become ill. VPI policies are easy to use and reimburse you for eligible veterinary expenses related to surgeries, hospitalization, X-rays, prescription medications and more. Best of all, you're free to visit any veterinarian, anywhere in the world.

How does pet insurance work? Its easy as 1-2-3:

Step 1 — Pay for pet care at any licensed veterinarian worldwide.

Step 2 — Fax, mail or e-mail the easy to use claim form with receipt.

Step 3 — Reimbursement is sent within 14 days 100% of invoice after annual deductible is met up to the limit of the plan chosen.

Easy enrollment

If you are interested in pet insurance, please visit www.PetsVPI.com and enter "County of Tulare", or call 877-PETS-VPI (877-738-7874).





Voluntary Benefits

Chimienti & Associates Insurance Services offers the following voluntary benefits through payroll deduction on a pre-tax and post-tax basis. For more information about these benefits, or to schedule an appointment with a Chimienti Benefits Counselor, contact Chimienti & Associates at 559-733-1670.

❖ Hospital Gap Insurance

NexStep – NexStep is a low-cost program designed to help you pay for covered out-of-pocket expenses you may incur while you are either confined in a hospital or being treated as an out-patient for an injury or an illness. This plan features two benefits; an Inpatient Benefit for up to \$1,000 and an Outpatient Benefit for up to \$1,000.

❖ Short Term Disability

American General – Disability income insurance can help you pay your bills by replacing a portion of your income – should you suddenly be unable to work due to an illness or injury. The benefit from your Disability Income insurance can help you continue to pay bills while you recover.

❖ Universal Life Insurance

Transamerica – Permanent Life Insurance with coverage lasting up to Age 100. Includes living benefit features for access to Long Term Care and Critical Illness payout. Employee Policy options are available up to \$500,000. Family coverage is also available.

❖ Group Term Life Insurance

Mutual of Omaha Term Life – Term Life insurance is a more temporary life insurance for people who want a fixed benefit amount for a specific period of time to cover their family and mortgage years. Mutual of Omaha's 5 Year Term Life provides very affordable rates for a 5 year period with guaranteed renewability (no medical questions) at the end of each 5 year term. Employee policy options are available up to 5 X Annual Salary (capped @ \$500,000), with family coverage options available.

❖ Life Time Benefit Term Insurance

Fidelity Life – Unique Term Insurance with paid up life insurance coverage after 5 years of paying premiums. This money will help your family meet continuing financial needs that would have been provided by your income.

❖ Critical Illness Plan

American General – Pays Lump Sum Benefits to you when diagnosed with Critical Conditions such as: Cancer, Heart Attack, Stroke and Renal Failure. Critical Illness Insurance can help you cover costs that may or may not be covered by your health plan. Non-medical related expenses and out-of-pocket costs such as co-pays, deductibles, loss of income, as well as experimental drug treatments are frequently not covered by health insurance. Annual \$50 Health Screening and \$150 Mammogram Benefits are included in this plan.

❖ Cancer Insurance

American General – This Benefit provides coverage in the event an insured employee is diagnosed with cancer. It pays an initial lump-sum benefit upon diagnosis, additional benefits for hospitalization and chemotherapy, as well as cash reimbursement for cancer screenings. Annual \$50 Health Screening and \$150 Mammogram Benefits are included in this plan.

❖ Legal Plan

LegalEASE – Legal Plan gives employees the ability to talk to a Plan Attorney. Provides free and discounted legal services without worrying about high hourly costs. Examples of covered legal services: Name Change, Home Sale/Purchase, Estate Planning, Family Law Services, Identity Theft, Financial Counseling and more.

❖ 24-Hour Accident Insurance

Transamerica Life Insurance Company – The Accident Plan pays a lump sum benefit directly to the employee in the event of a covered accident. It pays benefits for emergency treatment, hospitalization, follow-up treatment, intensive care, prosthesis and more. See the Schedule of Benefits for amounts payable, definitions and limitations for each specific accident.

Benefit Amount

The Benefit Amount is a dollar amount that the County contributes towards each employee's health insurance premium. The Minimum Benefit Amount for **2015 is \$269.29** (per pay period) if **enrolling** in a health plan. This is equivalent to 100% of the core benefit package for Employee Only in the Anthem Blue Cross PPO \$1000 Deductible plan and the \$10,000 Group Term Life Benefit.

If you elect to waive the County's core benefit package, the minimum benefit amount is \$41.67 per pay period (24 pay periods).

Benefit Amounts vary by Bargaining Unit and Job Classification. Please review your Bargaining Unit's Memorandum of Understanding for the applicable benefit amount.

Benefits Eligibility

1. **Employee:** You are in an eligible status if you are a regular full-time employee. A full-time employee is one who works at least 20 hours a week in the conduct of the business of the group. Extra help employees are not eligible for these benefits.
2. **Spouse:** Is the subscriber's (employee) spouse under a legally valid marriage.
3. **Domestic Partner:** The employee's domestic partner under a legally registered and valid domestic partnership. An individual who is registered with the State of California as a Domestic Partner of a County Employee. * *For more information on Registered Domestic Partners, visit the California Secretary of State website at: www.sos.ca.gov/dpregistry.*
4. **Child:** A dependent child of a covered employee – the employee's biological child; the employee's adopted child; the employee's step-child; the child of the employee's covered same-sex domestic partner; or the child for whom the employee has legal guardianship, legal custody, or an interlocutory order of adoption - under the age of 26, whether or not they are full-time student or married or unmarried.
5. A dependent child coverage beyond the age limit due to disability.

Waiving Coverage

If waiving the County's Health Plan for 2015, you must provide proof of other coverage to receive the Benefit Amount. Below is a list of acceptable forms verifying proof of other coverage:

1. Group Health Insurance ID card.
2. Statement from another employer: On company letterhead that includes verification of coverage and dates of coverage.
3. Medi-Cal – a current Notice of Action.

Dependent Verification

If you are **adding a dependent** to your health plan, you will be required to provide written documentation that validates the relationship of any dependents you have enrolled on your plan. Accepted forms are:

- A copy of your 2013 IRS 1040 Form.
- **Spouse** - Certified copy of Marriage Certificate with County Seal.
- **Domestic Partner** - Certified copy of California State Registry.
- **Birth Child or Step Child** - A Certified copy of Birth Certificate with County Seal; Court Order mandating coverage; Qualified Medical Child Support Order mandating coverage
- **Children who have been Adopted, Grandchildren, or Legal Guardianship** - Court Order showing legal responsibility for the child with the court filing information and date.

Deadline to submit eligible documentation is **October 24, 2014.**

Qualified Life Event Change

Dependents can be added or deleted during the Open Enrollment period **or** during the plan year when you experience a Qualified Life Event Change, such as:

1. Marriage or Divorce
2. Birth or adoption of a child
3. Dependent's loss of coverage
4. Retirement or termination of employment
5. Moving out of an HMO service area
6. Your spouse losing a job or becoming employed

To add or delete a dependent mid-year, you **MUST** report a change in life status within 30 days of the event by submitting a Change Request form to HR&D - Benefits. You will be required to provide supporting documentation that will verify the date of the event.

Required Notices

1. United States Department of Labor Health Insurance Notification Letter

The Notice from the Department of Labor that explains the existence of health insurance marketplace coverage options available as a result of the Patient Protection and Affordable Care Act can be found on the Human Resources & Development website at <http://tularecounty.ca.gov/hrd/>. The California Exchange (or Marketplace) is called Covered California. If you have any questions, they can be reached at www.coveredca.com or by calling 888-975-1142.

2. Grandfathered Status Notice

The County of Tulare as a participant in the SJVIA maintains a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your health plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator, Human Resources Director, at 559-636-4900. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health Plans.

3. COBRA – Consolidated Omnibus Budget Reconciliation Act

COBRA gives those currently covered under a health plan the right to choose continuation of coverage if that coverage is lost. As an employee covered under the County health plans, you and/or your eligible dependents have the right to elect and pay for continuation coverage should your benefits end for reasons such as divorce, dependent children losing eligibility, or separation of employment. When you and/or your dependents initially enroll into the County health plans, a COBRA General Notice will be mailed to your home address. This notice is intended to advise you of your COBRA rights as required by State and Federal law. Upon notification that a qualifying event has occurred, a COBRA Election Notice will be mailed to the home address. You must inform the Benefits Unit of any qualifying event

4. Women’s Health and Cancer Rights Act Notification

The Women’s Health and Cancer Rights Act (WHCRA) provides protections for mastectomy patients who choose to have breast reconstruction in connection with a mastectomy. The WHCRA

applies only to those group health plans and health insurers that cover benefits for mastectomies; it does not require health plans to pay for mastectomies. But for plans that do provide coverage for mastectomies, the WHCRA requires coverage for reconstruction as well. According to the U.S. Department of Labor, the WHCRA is not limited to cancer patients; this law should cover anyone seeking reconstruction after a mastectomy for any reason.

For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

1. All stages of reconstruction of the breast on which the mastectomy was performed.
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance.
3. Prostheses (e.g. breast implant); and
4. Treatment for physical complications of the mastectomy, including lymph edema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

NOTE: State laws may broaden Federal WHCRA rights. For complete details about your plan benefits, please read your summary plan description or contact the plan administrator:

Tulare County Human Resources Administrative Contact
2900 W. Burrell Ave, Visalia, CA 93291, 559-636-4911

More information about the WHCRA may be obtained by calling the Employee Benefits Security Administration of the U.S. Department of Labor toll-free at: 1-866-444-3272.

5. Medicaid and the Children’s Health Insurance Program (CHIP)

The state has premium assistance programs that can help pay for coverage. The state funds from Medicaid or CHIP programs help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your state Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for an employer-sponsored plan. You should contact the state for further information on eligibility.

California – Medicaid, Website:

http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx.

Phone: 1-866-298-8443.

If you live in California, you may be eligible for assistance paying your employer health plan premiums.

Reminder

Open Enrollment Checklist

Use this checklist to guide you through Open Enrollment (September 25th – October 24th).

- ☐ Participation is not mandatory if you are **not** making any changes to your health plan elections.
- ☐ Enroll Online at www.electmybenefits.com or see a Benefits Enroller for assistance. NO appointment needed to see a Benefits Enroller.
- ☐ If adding dependent coverage, you will be required to provide documentation verifying dependent eligibility by **October 24, 2014**.
- ☐ If waiving coverage, you must provide Proof of Other Coverage Form and provide copies of the eligible documentation by **December 31, 2014**.
- ☐ If electing to participate in the Flexible Spending Account Medical Reimbursement in calendar year 2015, must enroll (or re-enroll) by **October 24, 2014**.
- ☐ If electing to participate in the Flexible Spending Account Dependent Care Reimbursement in calendar year 2015, must enroll (or re-enroll) by **October 24, 2014**.
- ☐ If electing to participate in a Health Savings Account (HSA) in calendar year 2015, must enroll (or re-enroll) by **October 24, 2014**. This only applies if you are enrolled in the Anthem Blue Cross \$2500 High Deductible health plan.
- ☐ To add, change or terminate your voluntary products, schedule an appointment to meet with a Chimienti & Associates enroller by calling 559-733-1670.
- ☐ Update your Life Insurance Beneficiary Form by **December 31, 2014**.
- ☐ This OE Guide and any pertinent open enrollment forms are available on the County's internet site at www.co.tulare.ca.us/hrd.

How To Reach Your Plan Providers

Anthem Blue Cross

www.anthem.com/ca

1-888-831-2238

Employee Assistance Program

www.AnthemEAP.com

1-800-999-7222

Foundation for Medical Care

Claims: 559-733-3127

US Script

www.usscript.com

1-800-460-8988

Kaiser Permanente

www.kp.org

1-800-464-4000

Delta Dental

www.deltadentalins.com

1-888-335-8227

Vision Service Plan

www.vsp.com

1-800.877.7195

Administrative Solutions, Inc.

www.asibenefits.com

1-866-777-1320

Chimienti & Associates

www.chimienti.com

559-733-1670

Great West Retirement Services

www.gwrs.com

1-800-701-8255

HR&D Benefits

2900 W Burrel Visalia, CA 93291

559-636-4911

OEHealth@co.tulare.ca.us

2015 Health Insurance Rates

(Bi-Weekly Rates)

Health Plans w/Dental PPO	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Anthem BC PPO \$0 Deductible	\$395.35	\$784.79	\$722.29	\$1,190.72
Anthem BC PPO \$500 Deductible	\$302.84	\$600.42	\$555.71	\$945.72
Anthem BC PPO \$1000 Deductible	\$268.54	\$531.21	\$493.15	\$810.39
Anthem BC PPO \$2500 Deductible	\$255.59	\$505.29	\$469.37	\$770.91
Anthem HMO	\$323.19	\$570.84	\$510.79	\$759.29
Kaiser HMO Deductible	\$282.65	\$553.52	\$507.16	\$827.98
Kaiser HMO	\$358.69	\$705.62	\$644.81	\$1,056.12

Health Plans w/Dental HMO	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Anthem BC PPO \$0 Deductible	\$388.86	\$773.21	\$708.32	\$1,171.18
Anthem BC PPO \$500 Deductible	\$296.35	\$588.85	\$541.75	\$926.19
Anthem BC PPO \$1000 Deductible	\$262.05	\$519.63	\$479.18	\$790.86
Anthem BC PPO \$2500 Deductible	\$249.10	\$493.72	\$455.41	\$751.37
Anthem HMO	\$316.70	\$559.26	\$496.83	\$739.75
Kaiser HMO Deductible	\$276.16	\$541.94	\$493.19	\$808.44
Kaiser HMO	\$352.20	\$694.04	\$630.85	\$1,036.58

Above rates do not include the Life Insurance premium of \$.75 per pay period.



**HUMAN RESOURCES
& DEVELOPMENT**
TULARE COUNTY

2900 W Burrel Ave
Visalia, CA 93291



Inside you will find:

Important information about your
2015 Tulare County Health Benefits

County of Tulare 2015 Open Enrollment Schedule September 25, 2014 - October 24, 2014

Monday	Tuesday	Wednesday	Thursday	Friday
September 29	September 30	October 1	October 2	October 3
HR&D Annex 8:00 am to 5:00 pm <hr/> Tulare District Office Training Room 458 E O'Neal, Tulare Meeting 8:30 am	Visalia Government Plaza RMA Conference Room 5959 S Mooney Blvd, Visalia Meetings: 8:30 am & 1:30 pm Online enrollment after meetings	Visalia Government Plaza RMA Conference Room 5959 S Mooney Blvd, Visalia Meetings: 8:30 am & 1:30 pm Online enrollment after meetings	Tulare Works (VDO) Almond Room A & B 1845 N Dinuba Blvd, Visalia Meetings: 8:30 am & 1:30 pm Online enrollment after meetings	HR&D Annex 8:00 am to 12:00 pm
October 6	October 7	October 8	October 9	October 10
HR&D Annex 8:00 am to 5:00 pm	Porterville Government Plaza Orange Room & Tangerine 1063 W Henderson, Porterville Meetings: 8:30 am & 1:30 pm Online enrollment after meetings	Porterville Government Plaza Orange Room & Tangerine 1063 W Henderson, Porterville Meetings: 8:30 am & 1:30 pm Online enrollment after meetings	Visalia Processing Center Birch Room 26644 S Mooney Blvd, Visalia Meetings: 8:30 am & 1:30 pm Online enrollment after meetings	HR&D Annex 8:00 am to 12:00 pm
October 13	October 14	October 15	October 16	October 17
HR&D Annex 8:00 am to 5:00 pm	Lindsay District Office Conference Room 900 N Sequoia, Lindsay Meetings: 8:30 am & 1:30 pm Online enrollment after meetings	Visalia Child Support East Training Room 8040 Doe Ave, Visalia Meetings: 8:30 am & 1:30 pm Online enrollment after meetings.	TCERA (Retirees Only) Board Conference Room 136 N. Akers, Visalia Meetings 8:30 am	HR&D Annex 8:00 am to 12:00 pm
October 20	October 21	October 22	October 23	October 24
HR&D Annex 8:00 am to 5:00 pm	Tulare Ag Building Ag Commissioner Auditorium 4437 S Laspina St, Tulare Meetings: 8:30 am & 1:30 pm Online enrollment after meetings.	Dinuba District Office Jasmine Room 1066 N Alta Ave, Dinuba Meetings: 8:30 am & 1:30 pm Online enrollment after meetings.	Professional Dev. Center Peach & Cherry Room 4031 W Noble, Visalia Meetings: 8:30 am & 1:30 pm Online enrollment after meetings.	HR&D Annex 8:00 am to 12:00 pm DEADLINE

Open Enrollment Central

HR&D Annex Building, 2900 W. Burrel, Visalia - (559) 636-4911
Monday – Thursday, 8am to 5pm; **Friday**, 8am to 12pm
Benefits Staff will be available to help you with your online enrollment.

Online Enrollment

ElectMyBenefits – Employee Benefits Connection
www.electmybenefits.com
Login and follow the enrollment process. Takes approx. 10 Minutes

To schedule an appointment with Chimienti & Associates to enroll in the **Voluntary Products**, please call **(559) 733-1670**.

No appointments necessary to enroll in the County's Health Plans.